A 70-year-old woman presented with a 2-year history of progressive difficulty in walking with frequent falls. Neurologic examination showed postural instability with backward falls, vertical supranuclear gaze palsy with normal vestibular-ocular reflex, rigidity, and pyramidal signs in the right limbs. There was no clinical response to levodopa. Laboratory serologic tests had normal results. MRI displayed midbrain compression and dislocation caused by a large tumor in the left lateral ventricle (figure). Dopamine transporter SPECT showed normal striatal binding. The patient died before neurosurgery could be performed; there was no autopsy. Brain tumors should be considered in the diagnostic workup of progressive supranuclear palsy–like phenotypes.

Maurizio Morelli, MD, Francesco Fera, MD, Francesco Bono, MD, Alessandra Fratto, MD, Gennarina Arabia, MD, MSc, Aldo Quattrone, MD

From the Institute of Neurology (M.M., F.B., A.F., A.G.A., A.Q.), University Magna Græcia, Catanzaro, Italy; and the Neuroimaging Research Unit (F.F., A.Q.), National Research Council, Catanzaro, Italy.

Author contributions: Dr. Morelli: drafting the manuscript, acquisition of data, analysis and interpretation of data, accepts responsibility for conduct of research and final approval. Dr. Fera: acquisition of data, analysis and interpretation of data, accepts responsibility for conduct of research and final approval. Dr. Bono: acquisition of data, accepts responsibility for conduct of research and final approval. Dr. Fratto: acquisition of data, accepts responsibility for conduct of research and final approval. Dr. Arabia: acquisition of data, accepts responsibility for conduct of research and final approval. Dr. Quattrone: corresponding author; study concept and design, drafting/revising the manuscript, study supervision, accepts responsibility for conduct of research and final approval.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Correspondence to Dr. Quattrone: quattrone@unicz.it

Intraventricular tumor presenting as progressive supranuclear palsy–like phenotype
Maurizio Morelli, Francesco Fera, Francesco Bono, et al.
Neurology 2014;83;948
DOI 10.1212/WNL.0000000000000748

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